



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E340165**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	14-01581
LOCAL AGENCY CODING	
TOTAL # OF UNITS	03
OBJECT STRUCK	

DATE OF COLLISION	07	08	2014	TIME (2400)	1735	COUNTY #	31	MILES	N	E	IN	OF	0664
-------------------	-----------	-----------	-------------	-------------	-------------	----------	-----------	-------	----------	----------	----	-----------	-------------

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
20TH STREET SE	BLOCK NO. <input checked="" type="checkbox"/>	8000
	MILE POST	

DISTANCE	150	00	MILES	N	E	OF (REFERENCE OR CROSS STREET)	79TH AVENUE SE
	FEET			S	W		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	PHONE
---------	---	--------------------------------------	----------------------	---	-----------------------------	-------

LAST NAME	GORMAN	FIRST NAME	NICOLE	MIDDLE INITIAL	E
-----------	---------------	------------	---------------	----------------	----------

STREET NEW ADDRESS	8324 19TH STREET NE
--------------------	----------------------------

CITY	LAKE STEVENS	ST	WA	ZIP	98258
------	---------------------	----	-----------	-----	--------------

CDL		RESTRICTIONS		ENDORSEMENTS	
-----	--	--------------	--	--------------	--

DRIVER'S LICENSE #	GORMANE222PB	STATE	WA	SEX	F	D.O.B.	10	02	1978
--------------------	---------------------	-------	-----------	-----	----------	--------	-----------	-----------	-------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	6	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES	ABDOMINAL PAIN
----------------------------------	--------	--------	----------	--------	----------	-------	----------	------------	--	--------------	----------	--------------------	-----------------------

LICENSE PLATE #	AFZ5793	STATE	WA	VIN#	1GNKVGEDXCJ177983
-----------------	----------------	-------	-----------	------	--------------------------

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	2012	MAKE	CHET	MODEL	TRAVER	STYLE		VEHICLE TOWED	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
-----------	-------------	------	-------------	-------	---------------	-------	--	---------------	------------------------------	--	----------	--	---------------	------------------------------	--

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 668170507
-------------------------------	-------------------------------------	-------------------------	------------------------------

VEHICLE LEGALLY STANDING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CITATION #		CHARGE	
--------------------------	------------------------------	-----------------------------	------------	--	--------	--

UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	PHONE
---------	---	--------------------------------------	-------------------------------------	---	----------------------	---	-----------------------------	-------

LAST NAME	KUHNHENN	FIRST NAME	STACI	MIDDLE INITIAL	D
-----------	-----------------	------------	--------------	----------------	----------

STREET NEW ADDRESS	1822 93RD DRIVE SE
--------------------	---------------------------

CITY	LAKE STEVENS	ST	WA	ZIP	98258
------	---------------------	----	-----------	-----	--------------

CDL		RESTRICTIONS		ENDORSEMENTS	
-----	--	--------------	--	--------------	--

DRIVER'S LICENSE #	KUHNHSD141BZ	STATE	WA	SEX	F	D.O.B.	01	09	1986
--------------------	---------------------	-------	-----------	-----	----------	--------	-----------	-----------	-------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
----------------------------------	--------	--------	----------	--------	----------	-------	----------	------------	--	--------------	----------	--------------------	--

LICENSE PLATE #	614XPG	STATE	WA	VIN#	1D8GU58K38W151933
-----------------	---------------	-------	-----------	------	--------------------------

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	2008	MAKE	DODG	MODEL	NITRO	STYLE		VEHICLE TOWED	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
-----------	-------------	------	-------------	-------	--------------	-------	--	---------------	------------------------------	--	----------	--	---------------	------------------------------	--

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 1973734E2547M
-------------------------------	-------------------------------------	-------------------------	---------------------------------

VEHICLE LEGALLY STANDING	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	CITATION #		CHARGE	
--------------------------	---	-----------------------------	------------	--	--------	--

OFFICER'S NAME (PRINT)	R. RUTHERFORD	BADGE OR ID #	130	AGENCY	WA0311900
------------------------	----------------------	---------------	------------	--------	------------------



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E340165**

CASE # **14-01581**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Vehicle 2 and vehicle 3 were stopped in a line of traffic. Vehicle 1 failed to stop and rear ended vehicle 2 which pushed vehicle 2 into vehicle 3. Driver of vehicle 1 complained of abdominal pain but refused aid assistance. Vehicle 1 and Vehicle 2 were impounded at owner request. Vehicles travelling E/B on 20th Street SE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

07-08-14 09:18 PM

DATED

PLACE SIGNED

APPROVED BY

SGT. C. VALVICK 71

DATE

7/9/2014 5:59:07 AM

BADGE OR ID #	130	ORI #	WA0311900	TIME POLICE DISPATCHED	5:36 PM	TIME POLICE ARRIVED	5:36 PM
---------------	------------	-------	------------------	------------------------	----------------	---------------------	----------------



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E340165**

CASE # **14-01581**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY
TYPE

CARRIER
NAME

CARRIER
ADDRESS

CITY

ST

ZIP

NAME
SOURCE

AXLES

GWR

PLACARD

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR
VEHICLE

☒

PEDAL-
CYCLE

☐

PEDESTRIAN

☐

PROPERTY
OWNER

☐

DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

LAST NAME

TRETHEWY

FIRST NAME

ERICA

MIDDLE
INITIAL

D

STREET
NEW ADDRESS

10130 10TH PLACE SE

CITY

LAKE STEVENS

ST

WA

ZIP

98258

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

TRETHED232CJ

STATE

WA

SEX

F

D.O.B.
MMDDYYYY

02

11

1977

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET
USE

☐

INJURY
CLASS

1

NATURE OF INJURIES

LICENSE
PLATE #

AJR0570

STATE

WA

VIN#

3VVRX7AJ2AM058688

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2010

MAKE

VOLK

MODEL

JETTA

STYLE

VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE
IN EFFECT

☒

INSURANCE CO
& POLICY #

FIRST NATIONAL 2087932

VEHICLE
LEGALLY
STANDING

YES ☒ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR
VEHICLE

☐

PEDAL-
CYCLE

☐

PEDESTRIAN

☐

PROPERTY
OWNER

☐

DAMAGE THRESHOLD MET
YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE
INITIAL

STREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

D.O.B.
MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET
USE

☐

INJURY
CLASS

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT

☐

INSURANCE CO
& POLICY #

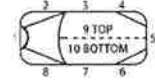
VEHICLE
LEGALLY
STANDING

YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

07-08-14 09:18 PM

DATED:

PLACE SIGNED

BADGE
OR ID #

130

ORI
#

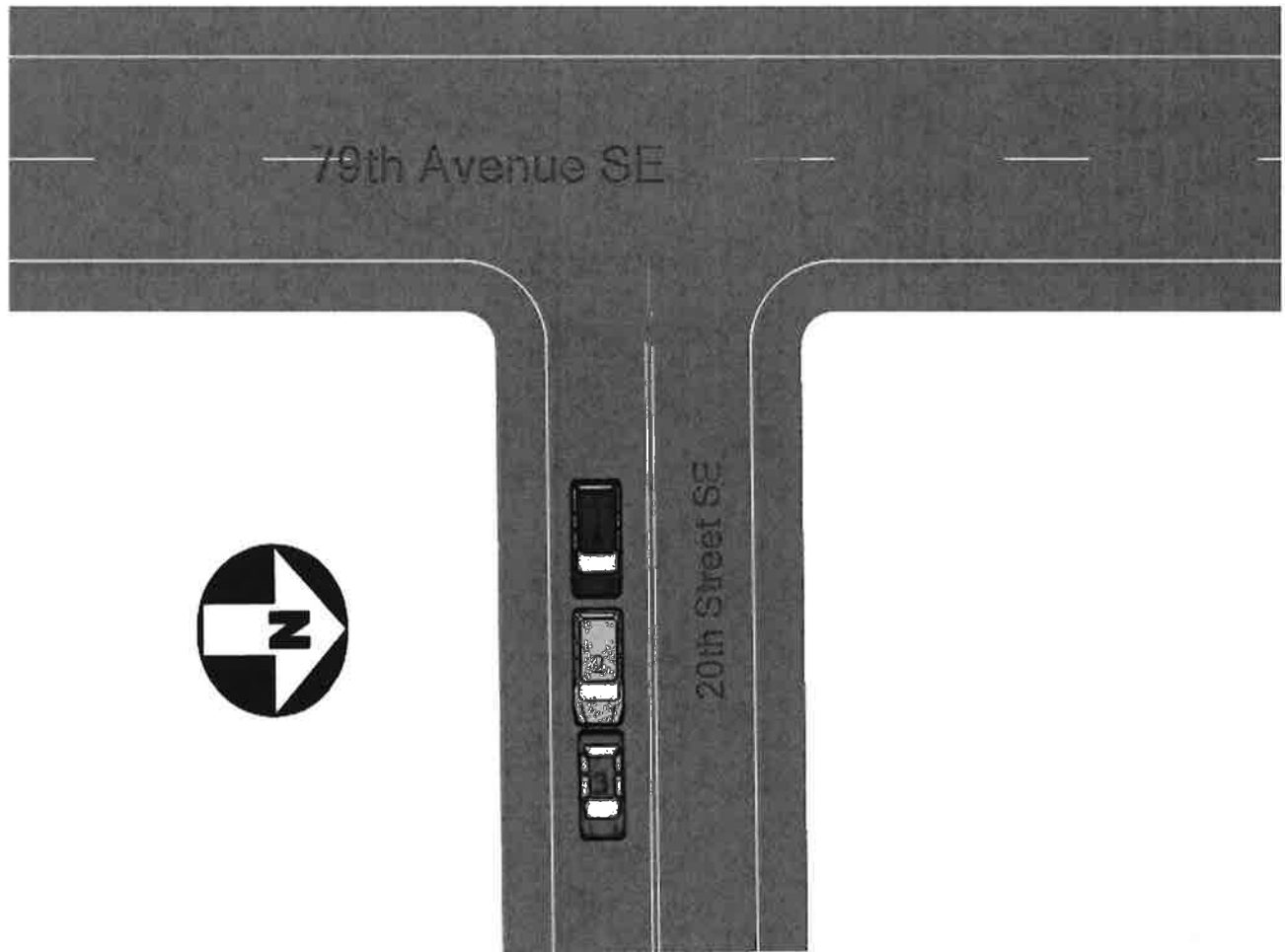
WA0311900

APPROVED BY
VALVICK

DATE
7/9/2014

PAGE 3

OF 4



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

1401581

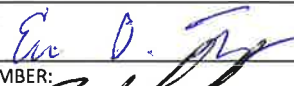

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Trotter, Erica Dorothy	RACE White	ETH	SEX F	DOB 02/11/1977	AGE 37	HGT 5'7	WGT 150	HAIR Brown	EYES Hazel
STREET ADDRESS 10130 10th Place SE		CITY Lake Stevens			STATE WA	ZIP 98258	RES. STATUS WA			
HOME PHONE (425) 876-2458		CELL PHONE Same			PLACE OF EMPLOYMENT MARATHON					
WORK PHONE N/A		EMAIL ADDRESS ericatrotter@yahoo.com								

I, Erica Trotter, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was on 20th, traffic was stopped at the Cavalero mid high light → probably around 20 cars or so. I had just started to move when I looked in my rearview mirror and a car was coming at me. I heard a loud crash and then that car hit me from behind.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 02/08/2014	LOCATION SIGNED Lake Stevens, WA
OFFICER/NUMBER: 	DATE SIGNED 02/08/14	LOCATION SIGNED LAKE STEVENS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14 01581

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Gorman, Nicole	RACE	ETH	SEX F	DOB 10-2-78	AGE 35	HGT	WGT	HAIR	EYES
STREET ADDRESS 8324 19th St NE		CITY Lake Stevens			STATE WA	ZIP 98258	RES. STATUS			
HOME PHONE 425-322-3173		CELL PHONE 425-446-1165			PLACE OF EMPLOYMENT					
WORK PHONE 425		EMAIL ADDRESS								

I, Nicole Gorman, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was driving East bound on 20th St SE. Traffic slowed prior to or around lighted intersection (79th Ave SE) then traffic proceeded to accelerate. I also accelerated, traffic then stopped suddenly. I tried to stop but was unable to.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Nicole Gorman</u>	DATE SIGNED: <u>7/8/14</u>	LOCATION SIGNED:
OFFICER/NUMBER: <u>[Signature]</u>	DATE SIGNED: <u>5/08/14</u>	LOCATION SIGNED: <u>Lake Stevens</u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-01581

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Kuhnhenr, Staci Diane	RACE	ETH	SEX F	DOB 1/9/86	AGE 28	HGT 5'9"	WGT 280	HAIR Blonde	EYES Blue
STREET ADDRESS 1822 93rd Dr SE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE		CELL PHONE 425-269-6250		PLACE OF EMPLOYMENT The Everett Clinic						
WORK PHONE		EMAIL ADDRESS Kuhnhenr86@gmail.com								

I, Staci Kuhnhenr, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Traveling on 20th traffic had slowed to almost complete stop. Burgundy SUV was coming up behind my car at a fast speed and did not slow down. I Braced myself and held my foot on the break. SUV hit into the back of my Dodge Nitro and I was then pushed into the Red Jetta in front of me. Hit my head on steering wheel - air bags did not deploy. arm also scraped up.

in front of house
↑ #8020

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Staci Kuhnhenr</u>	DATE SIGNED 7/8/14	LOCATION SIGNED accident scene
OFFICER/NUMBER <u>[Signature]</u>	DATE SIGNED 5/08/14	LOCATION SIGNED Lake Stevens

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

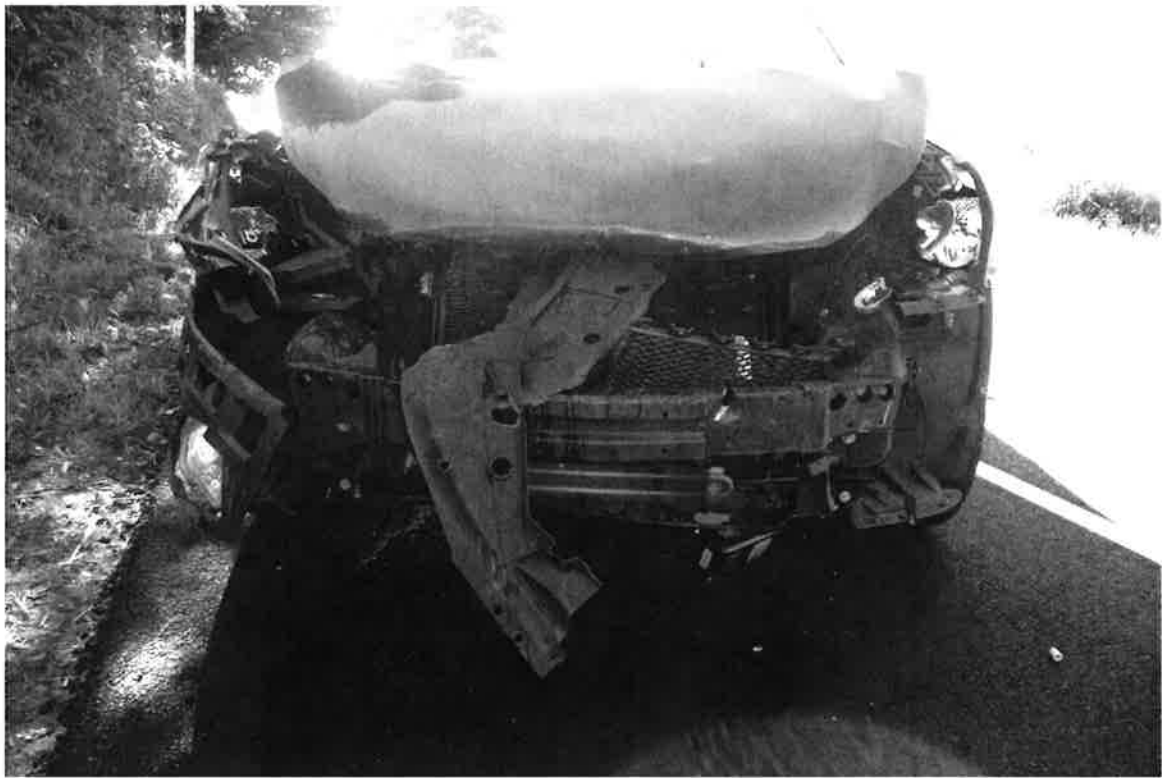
PAGE ___ OF ___

LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number <i>RUTHERFORD #130</i>			Case Number <i>14-01581</i>		
Type of Crime: Felony / Misdemeanor (Circle)			Type of Case: <i>Collision</i>			Date/Time: <i>070814</i>		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification					
Item # Action #	Item <i>CD</i>		Brand Name <i>Compusera</i>			Storage Location		Disposition
	Brand/Model/Caliber <i>Collision Pils</i>							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name			Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>#130</i>								
Item # Action #	Item		Brand Name			Storage Location		Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name			Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item # Action #	Item		Brand Name			Storage Location		Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name			Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item # Action #	Item		Brand Name			Storage Location		Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name			Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item # Action #	Item		Brand Name			Storage Location		Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name			Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item # Action #	Item		Brand Name			Storage Location		Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name			Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/> Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC + Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC - Date:	Owner Letter Sent:	Yellow: Case File













Incident History for: #SS14013231 Xref: #S014111566 #AG14001937

Case Numbers: \$SS14001581

Entered 07/08/14 17:36:15 BY SPDF24 SP0263
Dispatched 07/08/14 17:36:47 BY SPDP17 SP0333
Enroute 07/08/14 17:36:47
Onscene 07/08/14 17:36:53
Closed 07/08/14 18:24:59

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1317 Map Page: 397C-4 Group: SS1 Beat: SOUT

Src: T

Loc: 8020 20 ST SE , LKS btwn 79 AV SE & 87 AV SE (V)

Loc Info:

Name: RASCO-OFF DUTY EPD

Addr:

Phone: 4253277858

/1736 (SP0263) ENTRY , 3 VEHS, UNK INJS
/1736 (SP0333) DISPER 19R1 #SS130 RUTHERFORD, OFCR (RICH)
/1736 ASSTOS 2G4 [8020 20 ST SE , LKS]
#C1425 KUSKA, DEPUTY (JOHN)
/1737 ASSTER 19D1 [8020 20 ST SE , LKS]
#SS72 AUKERMAN, OFFICER (WAYNE)
#SS127 ADAMS, OFFICER (NATHAN)
/1738 SUPP TXT: NON INJ, AID CAN CANCEL
/1739 (SP0263) CROSS #AG14001937
/1740 (SP0224) CROSS #S014111566
/1740 (SP0263) CHANGE NAM: --> RASCO-OFF DUTY EPD,
PHO: --> 4253277858
/1740 (SS72) REMINQ 19D1 MDTVEH, 437XHC, , WA, , , , , , , , , ,
/1741 (SP0333) ONSCNE 19R1
/1741 ONSCNE 19D1
/1744 ROTREQ 19R1 TOW 5745 LKS RESCUE TOWING
4253345821 , OWNERS REQ
/1744 (C1425) *CLEAR 2G4 D/D
/1749 (SP0333) MISC 19R1 , RESCUE TOW ENRT
/1749 ROTREQ 19R1 TOW 5061 LKS SKY VAL SNO
3605636090 , SECOND TOW OWNERS REQ
/1754 (SS130) *MISC 19R1 , VEH 1 AFZ5793, GORMAN, NICOLE E. 10/02/78 PROGR
ESSIVE 668170507
/1755 *MISC 19R1 , VEH 2 614XPG, KUHNHENN, STACI D 010986, STATE F
ARM 1973734E2547M.
/1756 *MISC 19R1 , VEH 3 AJR0570, TRETHEWY, ERICA D, 021177, FIRST
NATIONAL 2087932.
/1757 (SP0333) ASNCAS 19R1 \$SS14001581
/1809 (SS72) CLEAR 19D1
/1814 (SP0333) MISC 19R1 , SKY VALLEY OS
/1824 CLEAR 19R1 D/H
/1824 CLOSE 19R1